

Upcoming Topics

Lisa Grohskopf
Influenza Division, CDC

Advisory Committee on Immunization Practices
February 21, 2013

Waning of VE through Influenza Season

- ❑ Castilla, et al. (2013) Navarre, Spain; 2011-2012 season
 - Decline in VE from
 - 61% (95%CI: 5 to 84) in the first 100 days post-vaccination,
 - 42% (95%CI: -39 to 75) for days 110-119 days post-vaccination,
 - -35% (95%CI: -211 to 41) thereafter.
 - Decline primarily affected persons aged ≥ 65 years
 - 85% (95%CI: -8 to 98) to in the first 100 days post-vaccination,
 - 24% (95%CI: -224 to 82) for days 110-119 days post-vaccination,
 - -208% (95%CI: -1563 to 43) thereafter.
 - Most isolates did not match the vaccine strains
- ❑ Pebody, et al. (2013) United Kingdom 2011-2012
 - Overall VE against A(H3N2) of
 - 53% (95%CI: 0 to 78) among those vaccinated less than three months,
 - 12% (95% CI: -31 to 41) for those vaccinated three months or more
 - The proportion of persons aged 65 and older too small to detect a significant difference in decline among this age group
- ❑ Both studies: relatively small numbers; wide confidence intervals

Waning of VE through Influenza Season

- ❑ Vaccine available earlier the last several season (as early as July for some providers)
- ❑ Timing of onset of and peak of influenza activity varies unpredictably
 - Localized outbreaks at start of season as early as October in some years
 - Cannot state ideal time to get vaccinated in any given season
- ❑ Need to balance
 - Maximizing likelihood of persistence of vaccine-induced protection through the season
 - Avoiding lost opportunities to vaccinate or vaccinating after influenza circulation begins
 - Feasibility of vaccinating a population in a more constrained time period

Proposed Recommendations

Lisa Grohskopf
Influenza Division, CDC

Advisory Committee on Immunization Practices
February 21, 2013

Overview

- ❑ Reiteration of recommendation for annual routine vaccination for all persons aged 6 months and older.
- ❑ Timing of vaccination.
- ❑ Summary of new vaccine abbreviations.
- ❑ Discussion of newly approved vaccines that are expected to be available during the 2013-2014 season.

Persons Recommended for Vaccination

- ❑ Annual vaccination of persons 6 months of age and older continues to be recommended.

Timing of Vaccination

- Influenza vaccines available to some providers as early as July during past several seasons.
- Recent papers from Spain and the United Kingdom indicating that vaccine effectiveness may decline with increased time since vaccination; effect possibly greater in elderly.
- Implications of delaying vaccination until later in the season.
 - timing onset of influenza activity not predictable (as early as October)
 - may result in missed opportunities to vaccinate
 - difficulties in vaccinating a population in less time
- In general, health-care providers should begin offering vaccination soon after vaccine becomes available, and if possible, by October.
- All children aged 6 months--8 years who are recommended for 2 doses should receive their first dose as soon as possible after vaccine becomes available; these children should receive the second dose ≥ 4 weeks later.
- ACIP will continue to evaluate data on change in effectiveness over time

Influenza Vaccine Abbreviations

- ❑ TIV (Trivalent Influenza Vaccine) replaced with IIV (Inactivated Influenza Vaccine):
 - IIV refers to inactivated influenza vaccines as a class
 - Includes trivalent (IIV3), both egg-based and cell-culture-based, and quadrivalent (IIV4) inactivated vaccines;
 - Cell-culture-based IIV is referred to as cclIV/ccIIV3;
- ❑ RIV/RIV3 refer to trivalent recombinant HA influenza vaccine;
- ❑ LAIV/LAIV4 refer to Live-Attenuated Influenza Vaccine.

Recently-approved Influenza Vaccines

- Quadrivalent Live-attenuated Influenza Vaccine (LAIV4)—Flumist Quadrivalent (MedImmune)
- Quadrivalent Inactivated Influenza Vaccine (IIV4)—Fluarix Quadrivalent (GSK)
- Cell-culture based inactivated influenza vaccine (ccIIV3)—Flucelvax (Novartis)
- Recombinant hemagglutinin vaccine (RIV3)—FluBlok (Protein Sciences)

Recently-approved Influenza Vaccines

- All newly approved influenza vaccines expected to be available for 2013-2014 are acceptable alternatives to the other licensed vaccine products, within specified indications.
- No formal preferential recommendation is proposed for one vaccine product over another where more than one is appropriate for a given recipient.
- In general, vaccination should not be delayed in order to obtain a specific product.

Thank You

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333

Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348

E-mail: cdcinfo@cdc.gov Web: www.cdc.gov

